

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PAR000503706			EIN	
Handler Name		N. JONAS & CO., INC.				
Street		1301 ADAMS ROAD				
City	BENSALEM	State	PA	Zip Code	19020	
Actual Generator Status <small>Check only if different from Notified Status</small>		LQG <input type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/>	Closed <input type="checkbox"/>	Non-Handler <input type="checkbox"/>
Universe Change Required? <small>(Generator Status Change Required)</small>		YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).				
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form)				
Other Facility Information Changes?		YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form)				
*EVALUATION		<input checked="" type="checkbox"/> Add		<input type="checkbox"/> Update	<input type="checkbox"/> Delete	
<i>You must provide an Evaluation Identifier (also known as the Sequence Number).</i>						
*Evaluation Identifier	*Type	*Evaluation Start Date <small>(mm/dd/yyyy)</small>	*Agency	Responsible Person	Suborganization	
	CEI	06/19/2007	5	PA AJP		
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			6/19/07	Reclassified SV Date: Only applicable for SNY evaluation type as appropriate		
Notes: NO VIOLATIONS						
Evaluation Indicator Field (Check all that apply)						
<input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C						
Focused Coverage Areas (Use Only for Evaluation Type FCI)						
Regulation-Specific FCI						
BIF <input type="checkbox"/>	CCI <input type="checkbox"/>	CFI <input type="checkbox"/>	INC <input type="checkbox"/>	LDR <input type="checkbox"/>	PTB <input type="checkbox"/>	PTX <input type="checkbox"/>
THI <input type="checkbox"/>	UIC <input type="checkbox"/>	UOI <input type="checkbox"/>	UWR <input type="checkbox"/>	OTHER (specify) _____		
Routine/Standardized FCI						
CAR <input type="checkbox"/>	CPC <input checked="" type="checkbox"/>	DOS <input type="checkbox"/>	EMR <input type="checkbox"/>	IEI <input type="checkbox"/>	ISI <input type="checkbox"/>	RTI <input type="checkbox"/>
Does this Evaluation Add/Update/Delete a Violation?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.		
Does this Evaluation link to a Commitment?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.		
Does this Evaluation link to a 3007 Request?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.		
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.		
*Seq. No.	*Violation Type	*Agency	*Regulation Citation <small>(Type + Citation) (ex. FR 262.1)</small>	*Date Determined <small>(mm/dd/yyyy)</small>		

*Required Fields



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 6/19/2007
Time Start 1:00 PM
Time Finish 2:15 PM

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATOR

Company name N. JONAS & CO., INC. I.D. Number PAR000503706
Site Address 1301 ADAMS ROAD
County BUCKS Municipality BENSALEM TWP Zip 19020
Name of Inspector ALEX PAGE
Name & Title of Responsible Official JOHN STAFFORD - PRODUCTION FOREMAN
Person Interviewed JOHN STAFFORD Telephone (215) 639-5200
Mailing Address (if different from above) SAME
Amount of Hazardous Waste Generated per Month: 300 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name POLLUTION CONTROL IND License Number PA-AH 0537Transporter Name UNIVAR, USA License Number PA-AH 0334Transporter Name DART TRUCKING License Number PA-AH0219

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>D001</u>	<u>WASTE OXIDIZING SOLID</u>	<u>VON ROLL AMERICA</u>
		<u>1250 ST. GEORGE ST.</u>
		<u>E. LIVERPOOL OH</u>
		<u>43920</u>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name N. JONAS & CO., INC. ID Number PAR000503706 Date 6/19/2007

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name N. JONAS & CO., INC ID Number PAR000503706 Date 6/19/2007

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 6/19/2007 Identification Number PAR000503706Company/Facility/Site Name N. JONAS & CO., INC.

INSPECTION CONDUCTED BY ALEX PAGE. JOHN STAFFORD, PRODUCTION FOREMAN, WAS THE FACILITY GUIDE. N. JONAS & COMPANY RE-PACKAGES BULK POOL CHEMICALS INTO SMALLER AMOUNTS. N. JONAS & COMPANY EMPLOYS 48 PEOPLE WHO WORK 1 SHIFT. SECURITY IS PROVIDED BY FENCED PERIMETER, CARD READER ENTRANCE LOCKS, AND ALARM SYSTEMS.

THE HAZARDOUS WASTE STORAGE AREA APPEARED CLEAN AND ORGANIZED. HAZARDOUS WASTE DRUMS WERE LABELLED. MANIFESTS WERE AVAILABLE AND APPEARED PROPERLY COMPLETED AND ROUTED WITHIN TIME LIMITS. A COPY OF A TYPICAL MANIFEST IS INCLUDED WITH THIS REPORT.

THE P.P.C. PLAN WAS COMPLETED WITH ALL REQUIRED ELEMENTS.

NO VIOLATIONS OBSERVED

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature)

Date

Inspector (signature)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number PAR000503706	2. Page 1 of 1	3. Emergency Response Phone 800-535-5053	4. Manifest Tracking Number 000594403 FLE		
5. Generator's Name and Mailing Address N. JONAS CO. 1301 ADAMS CIRCLE BEWSALEM, PA 19020					Generator's Site Address (if different than mailing address)		
6. Transporter 1 Company Name UNIVAR USA INC.					U.S. EPA ID Number PAD086214574		
7. Transporter 2 Company Name DUET TRUCKING COMPANY, INC.					U.S. EPA ID Number OHDC09565825		
8. Designated Facility Name and Site Address VON ROLL AMERICA, INC. 1250 ST GEORGE STREET E LIVERPOOL, OH 43920					U.S. EPA ID Number OHDP980613441		
Facility's Phone: 330-385-7337							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
X	1RQ, WASTE OXIDIZING SOLID, N.O.S. (TRICHLOROISOCYANURIC ACID) S.1, UN1479, PG II, (RQ=100), (ERG#140)	005	D F	275	G	D001	
X	2RQ, WASTE OXIDIZING SOLID, N.O.S. (BROMOCHLORO-5,5-DIMETHYLHYDANTOIN) S.1, UN1479, PG II, (RQ=100), (ERG#140)	007	D F	191	G	D001	
	3.						
	4.						
14. Special Handling Instructions and Additional Information 1. 82686-2 2. 82686-3 PLACARDS PROVIDED BY CARRIER/SHIPPER YES/NO DRIVER SIGNATURE ***** ER CALLER MUST IDENTIFY UNIVAR USA AS REGISTRANT *****							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. T78812							
Generator's/Offor's Printed/Typed Name Steve Harold				Signature <i>[Signature]</i>		Month Day Year 05 29 07	
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name Matthew C Dons				Signature <i>[Signature]</i>		Month Day Year 05 29 07	
Transporter 2 Printed/Typed Name Matthew Koric				Signature <i>[Signature]</i>		Month Day Year 05 31 07	
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____							
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator) _____ Month Day Year _____							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H400		2. H400		3. _____		4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name Steve Harold				Signature <i>[Signature]</i>		Month Day Year 05 31 07	

Inspections Details Screen - Role : ENF

Inspection Id: 1531135 Insp Type: CEI Compliance Evaluation 06/19/2007

Inspected Entity

Car Site Entity: 553668 N JONAS 553668

Type Kind ACTIV Active

More SF SF Documents Launch Inspection Report

General Insp SF Viol Refuse Compliance PCE2

Owner/Operator Complaint Id 446831 PAGE, ALEX More

Due Date NOVIO No Violations Noted

Date Scheduled

Agency DEP PA Dept of Environmental Protect EPA Details

Program WMHW 4100 EP SE Rgnl Off External Details

PF Related Country

Create ENF Back Go To



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 7/1/2006Time Start 1800 PMTime Finish 1870 PM

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATORCompany name N. Jonas and Co., Inc. I.D. Number PAR000503706Site Address 301 Adams RdCounty Bucks Municipality Bensalem Twp. Zip 19020Name of Inspector Laura Johnson / Alex PageName & Title of Responsible Official John Staffard - Production ForemanPerson Interviewed John Staffard Telephone (215) 639-5280Mailing Address (if different from above) SAME

Amount of Hazardous Waste Generated per Month: _____ Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Other _____PBR: ☐ Neutralization/WWTP ☐ Other _____GENERATOR TREATMENT ☐ Containers ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name UNIVAC US Number PAD 086214574Transporter Name DART TRUCKING CO. License Number CHD009865825

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D002	Waste Corrosive liquid	Pollution Control Industries
		4343 Kennedy Ave
		East Chicago, IN
		46312

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name N. Jonas ID Number PAR000503706 Date 2/1/2006

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS

Site Name N. Jones ID Number PAR00050376 Date 2/1/2006
1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS

Site Name N. Tomas ID Number PARC00503716 Date 2/1/2006

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
				LQG TANKS (Subchapter J)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks labeled "Hazardous Waste"	262a 10	262 34(a)(3)	H040
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written certification by registered professional engineer for proper tank (system) design and installation on file	262a 10	265 192(a)	H041
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary containment provided for tanks (systems) as required	265a 193	265.193	H042
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a 1	265 194	H043
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks labeled to accurately identify contents	265a 194		H044
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required inspections completed and documented in operating log	265a 195	265 195	H045
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release reported to Department within 24 hours, unless exempted	265a 1	265 196	H046
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable and reactive wastes followed	265a 1	265 198	H047
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special small quantity generator requirements	265a 1	265 201	H048
				SQG TANKS			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste contents compatible with tank	265a 1	265 201(b)(2)	H051
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a 1	265 201(b)(3)	H052
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If continuously fed, tank has method to stop inflow	265a 1	265 201(b)(4)	H053
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily tank inspection requirements complied with	265a 1	265 201(c)(1-3)	H054
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly tank inspection requirements complied with	265a 1	265 201(c)(4-5)	H055
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All waste removed at closure	265a 1	265 201(d)	H056
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive waste complied with	265a 1	265 201(e)(1)	H057
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covered tank buffer zone requirements complied with	265a 1	265 201(e)(2)	H058
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incompatible waste requirements met	265a 1	265 201(f)	H059

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 2-1-2006 Identification Number PAR000503706Company/Facility/Site Name M. Jonas + Co., Inc.

Today's inspection was conducted by Laura Johnson + Alex Page of the PA DEP. John Staffera, Production Foreman, was the facility guide. M. Jonas buys pool chemicals in bulk quantities and re-packages the materials in smaller quantities. The company employs about 35-40 people.

The warehouse area was first observed. There were two separate areas in which hazardous waste was being stored. The first area of waste was correctly labelled. The second area of waste containers were not labelled correctly, they were labelled with 'Silver' and had no accumulation date. This will be noted as a violation of 26 Pa. Code 2623.10 and SWMA (6018.403ch)(2).

The hazardous waste storage area was

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) John StafferaDate 2/1/06Inspector (signature) Alex Page / Laura Johnson

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 2/17/2006 Identification Number PAR0000503706Company/Facility/Site Name W. Jonas

Observed. The weekly inspection logs were not available and this will be noted as a violation of 265.21. Also noted was that there was no accumulation start date on the hazardous waste drum. This was immediately corrected during our inspection. The area is in need of some housekeeping.

The empty drum area located outside was observed, ~~area~~. It was asked that the drums filled with water were labelled as so, which was done immediately.

The PPC plan was readily available and is completed correctly. The training records were also available and are up to date. The manifests for 2005 were available and are completed correctly.

Two violations noted.

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This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) [Signature]Date 2/16/06Inspector (signature) [Signature]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 2/11/2006 Identification Number PAR000503706Company/Facility/Site Name M. Jonas

The material labelled as 'silver' was found
to be a flammable hazardous waste and
needs to be labelled as so.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) [Signature]Date 2/11/06Inspector (signature) [Signature]



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Land Recycling and Waste Management

P.O. Box 8550

Harrisburg, PA 17105-8550

OFFICIAL PENNSYLVANIA MANIFEST FORM

2500-FM-LRW0051 REV. 7/99

Form approved.
OMB No. 2050-0039

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information within the bold red border is
not required by Federal law but may be
required by State law.

3. Generator's Name and Mailing Address

N. ROWE & CO.
1501 ROWE ROAD
PENSACOLA, FL 32504-4219

4. Generator's Phone (904) 391-1111

EMERGENCY CONTACT (904) 391-1111

5. Transporter 1 Company Name

UNIVAR USA INC.

6. US EPA ID Number

PA-00000000000000000000

7. Transporter 2 Company Name

DART TRUCKING COMPANY INC. OH00009865825

9. Designated Facility Name and Site Address

POLLUTION CONTROL INDUSTRIES
4045 KENNEDY AVENUE
EAST CHICAGO, IN 46312

10. US EPA ID Number

IN00000000000000000000

A. State Manifest Document Number

PAH 135285

B. State Gen. ID

SR01

C. State Trans. ID

PA-AH -0334

D. Transporter's Phone (215) 418-6990

E. State Trans. ID

PA-AH 0219

F. Transporter's Phone (800) 541-8206

G. State Facility's ID

H. Facility's Phone (317) 997-1951

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HM
a. 1. HAZ. WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC,
N.O.S., (HYDROCHLORIC ACID, PERACETIC ACID)
B. UN3254, PG I, (RQ=100), (ERA 0002), (ERG 154)

b. NON HAZARDOUS WASTE, LIQUID

c. NON HAZARDOUS WASTE, LIQUID

d.

12. Containers

No.

Type

13.
Total
Quantity

14.
Unit
Wt/Vol

15.
Waste No.

003

DR

00165

G

0002

001

DR

00055

G

001

DR

00080

G

J. Additional Descriptions for Materials Listed Above

112. 0418304 ACID CLEANER (L.O.)
116. 04129100 FRAGRANCE OIL
116. 05018100 DETERGENT, DETERGENTS, CLEANER

K. Handling Codes for Wastes Listed Above

a. S01 c. S01
b. W01 d. W01

15. Special Handling Instructions and Additional Information

EMERGENCY CONTACT: CHEMTREC: 1-800-424-9303. CALLER MUST IDENTIFY UNIVAR USA AS SHIPPER.
PLACARDS PROVIDED BY DRIVER/SHIPPER LES/M DRIVER SIGNATURE

16. GENERATOR'S CERTIFICATION:

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

MONTH DAY YEAR

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

MONTH DAY YEAR

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

MONTH DAY YEAR

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

MONTH DAY YEAR

PAH 135285

3



POLLUTION CONTROL INDUSTRIES

Page 1 of 2

Please Indicate which PCI Facility(s) are being utilized for this Profile

☒ East Chicago, IN 46310
1-800-388-7242

☐ Millington, TN 38053
1-866-724-8366

☐ Rancho Cordova, CA 95670
1-866-724-2272

PROFILE NUMBER

iedoj2525

GENERATOR'S WASTE PROFILE SHEET

PLEASE PRINT IN INK OR TYPE

PLEASE FAX COMPLETED FORM TO THE PCI APPROVALS DEPARTMENT AT 1-219-397-6411

A. GENERATOR INFORMATION

Generator Name: N. Jonas Company
 Facility Address: 1301 Adams Road
 City: Bensalem State: PA Zip: 19020-0485
 Customer name: Mr. Frank Pierson
 Customer Phone: 215-669-1528
 Customer Fax: 215-639-0391
 Generator USEPA/Federal ID #: PAR000503706
 Generator State ID # (if applicable): PA
 Is the Generator a "Conditionally Exempt Small Quantity Generator"? Yes ☒ No
 Generator S.I.C. Code (4 Digit): 5169

BILLING INFORMATION

Billing Name: Univar USA Inc.
 Billing Address: 200 Dean Sievers Place
 City: Morrisville State: PA Zip: 19067
 Billing contact name: Donna Johncola
 Billing Phone: 215-337-6207
 Billing Fax: 215-337-6294
 P.C.I. Sales Rep: Leslie Shaw

B. WASTE STREAM INFORMATION

Name of the Waste: Silver Solids
 Original Process Generating Waste: Discarding Out-of-Date Products
 Is a representative sample provided? Yes ☒ No
 Is there any Analytical attached? TCLP Yes ☒ No
 Is a MSDS attached? Yes ☒ No
 Other: Yes ☒ No

C. GENERAL CHARACTERISTICS

☒ Color: gray Physical state @ 70 F
 Odor: None % Liquid 100 % Gas (Aerosol)
Mild % Sludge 100 % Gas (Other)
Strong % Solid 100 % Other
 PH: <2.0 2.0 to 4.0 4.0 to 10.0 10.0 to 12.5 >12.5
 Liquid Flash Point: <73 F 73 to 99 F 100 to 139 F 140 to 200 F >200 F ☒ None
 Specific Gravity: 1 % Total Halogens: 0

D. CHEMICAL COMPOSITION:

Total of Maximum concentration must > or = to 100%

Constituents	Min%	Max%
Borax	86.00	86.00
Silver Oxide	4.00	4.00
Sodium Monopersulfate	9.00	9.00
Vergam Gum	1.00	1.00

E. OTHER WASTE STREAM INFORMATION

Is this Waste a "USED OIL" per 40CFR PART 279? Yes ☒ No
 If "Yes", does the total halogen content exceed 1,000 ppm? Yes ☒ No
 If "Yes", can you identify the "Chlorinated Constituent" present in the oil? Yes ☒ No
 If "Yes", can you rebut the presumption that this material is a "Hazardous Waste"? Yes ☒ No
 Does the Waste have any of the following characteristics? (Please check all that apply)
☒ Oxidizer ☐ Organic Peroxide ☐ Water Reactive ☐ Air Reactive ☐ Pyrophoric ☐ Dioxin
☐ Radioactive ☐ Infectious ☐ Pathogen ☐ Carcinogen ☐ Etiological
☐ Explosive ☐ Shock Sensitive ☐ Undergo Hazardous Polymerization ☐ Cylinder ☐ Aerosols
 Does the Waste contain any of the following?
 None or LESS THAN or ACTUAL None or LESS THAN or ACTUAL

<input checked="" type="checkbox"/> PCB'S	<u><50ppm</u>	ppm	<input checked="" type="checkbox"/> Sulfides	<u><50ppm</u>	ppm
<input checked="" type="checkbox"/> Cyanides	<u><50ppm</u>	ppm	<input checked="" type="checkbox"/> Phenolics	<u><50ppm</u>	ppm

Does the waste represented by this profile contain benzene?

Yes ☒ No

If "Yes", please list concentration in ppm:

Is the Waste subject to the benzene waste operations NESHAP? (40CFR Part 61, Subpart FF)

Yes ☒ No

Answer "Yes" if your waste contains benzene and if the SIC code from your facility is one of the following:

2812 2813 2816 2819 2821 2822 2823 2824 2833 2834 2835 2836 2841 2842 2843 2844 2851
 2861 2865 2869 2873 2874 2876 2879 2891 2892 2893 2896 2899 2911 3312 4953 4959 9511

90110

E. OTHER WASTE STREAM INFORMATION CONTINUED:

Is the Waste subject to RCRA Subpart CC controls?

☐ Yes ☒ No

If "No", does the Waste meet the organic LDR exemption for UHC's?

☒ Yes ☐ No

If "No", does the Waste contain <500ppmw volatile organic (VO)?

☒ Yes ☐ No

Does the Waste contain any Class I or Class II ozone-depleting substances?

☐ Yes ☒ No

If PCB'S are present, is the waste regulated by TSCA per 40 CFR 761?

☐ Yes ☒ No**F. SHIPPING INFORMATION**

Method of Shipment:

☐ Bulk Liquid (> 500 Gallons)☐ Bulk Solid (roll-off box, vacuum box, etc)☐ Lab Pack☐ Cubic Yard Boxes☐ Totes (Please specify size)☒ Drums (Specify size)☐ 85☒ 55☐ 30☐ 16☐ 5

Other (Please specify)

Container Type:

☒ Metal☐ Plastic☐ Fiberboard☐ Combination (EX: Glass containers in metal drum)

Other (Please describe)

Shipping Frequency:

Number of Units

3

Per

Month

☐ Quarter☒ Year

Other:

G. R.C.R.A. CHARACTERIZATION

Is this a USEPA "Hazardous Waste" per 40CFR 261.3?

☒ Yes ☐ No

If "No", Please skip to section H.

Is this a "Universal Waste" per 40CFR part 273?

☐ Yes ☒ No

Is this a "Characteristic Waste"?

☒ Yes ☐ No

If "Yes" is it:

☒ D001 Ignitable☐ D002 Corrosive☐ D003 Reactive

Characteristic for Toxic Metals:

☐ D004☐ D005☐ D006☐ D007☐ D008☐ D009☐ D010☒ D011

Characteristic for Toxic Organics: D012 thr D043 (please list all that apply)

Is this an "F" or "K" Listed waste or mixed with one?

☐ Yes ☒ No

If "Yes", Please list all applicable code(s) from 40CFR261.31 and/or 261.32:

Is this a commercial chemical product or spill cleanup that would carry a "U" or "P" waste code under

40CFR 261.33(e) or (f)?

☐ Yes ☒ No

If "Yes", Please list all applicable waste code(s).

Is this a state regulated waste?

☐ Yes ☒ No

If "Yes", Please list all codes.

H. DOT SHIPPING INFORMATION

Is this a U.S. Dept. of Transportation (USDOT) Hazardous Material?

☐ Yes ☒ No

Proper Shipping Name per 49CFR 172.101 Hazardous Materials Table:

RQ, Waste Oxidizing solid, n.o.s.

Reportable Quantity (if any)

10

lbs

Hazard Class or Division No.

5.1

UN/NA #

UN1479

Packing group

☐ I☒ II☐ III

Is this a "Poison Inhalation Hazard"?

☐ Yes ☒ No

If "Yes", Please indicate Hazard Zone

☐ Zone A☐ Zone B☐ Zone C☐ Zone D☐ Other

List two primary hazardous constituents:

Silver Oxide; Sodium Monopersulfate

I. GENERATOR CERTIFICATION

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed.

I also certify that the obtained sample is representative of the waste material described above and give PCI permission and consent to make amendments and corrections.

Name (print)

Frank Pierson

Title

General Manager

Signature

Frank Pierson

Date

1-24-06

THIS SPACE FOR PCI APPROVALS DEPARTMENT ONLY

DATE RECEIVED

1/24/06

APPROVER'S INITIALS

PROFILE NUMBER

PROCESS CODE

PRICE

TRANS

PROPER WASTE CODES

PROPER D.O.T. SHIPPING NAME:

HAZARD CLASS

UN

NA

PACKING GROUP

☐ I☐ II☐ III

N.O.S. DESCRIPTORS

YARD INSTRUCTIONS:

☐ NO LANDFILL CUSTOMER☐ RUN SALES ANALYTICAL☐ MSDS ATTACHED☐ NO SAMPLE APPROVAL☐ N/H FOR METALS PER GEN.☐ SEE ATTACHED ANALYTICAL☐ RUN OX. SCREEN ON INCOMING☐ RUN COMP. ON INCOMING

FORM CODE W

SYSTEM CODE H

NOTES:

100610

Logistics Data Entry

Compliance Evaluation

Case No.: 153000 Date: 02/01/2006 Time: 15:30:00 Status: ACTIVE

Comments: Containers not clearly marked

Buttons: Save, Print, Close

Inspection Date 3/8/06

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATORCompany name N. Jonas and Company Inc.EPA I.D. Number PAD000503706 Employer I.D. Number (EIN) _____Site Address 1301 Adams RdCounty Bucks Municipality Bensalem Twp. Zip 19020Name of Inspector Alex Page, Laura JohnsonName & Title of Responsible Official John StaffordPerson Interviewed John Stafford Telephone (215) 639-5280

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: _____ Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name Univar USA Inc. License Number PAD086214574Transporter Name DART Trucking Company License Number OHD009865825

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D002	Waste Corrosive Liquid	Pollution Control Industries
		4343 Kennedy Ave
		East Chicago, IL
		46312

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name N. Jonas ID Number PAD000503706 Date 3/8/2006

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name N. Jonas ID Number PAD000503706 Date 3/8/2006

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
X				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name N. Jonas ID Number PAD000503706 Date 3/8/2006

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
	X			LQG TANKS (Subchapter J)			
	X			Tanks labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H040
	X			Written certification by registered professional engineer for proper tank (system) design and installation on file	262a.10	265.192(a)	H041
	X			Secondary containment provided for tanks (systems) as required	265a.193	265.193	H042
	X			Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a.1	265.194	H043
	X			Tanks labeled to accurately identify contents	265a.194		H044
	X			Required inspections completed and documented in operating log	265a.195	265.195	H045
	X			Release reported to Department within 24 hours, unless exempted	265a.1	265.196	H046
	X			Special requirements for ignitable and reactive wastes followed	265a.1	265.198	H047
	X			Special small quantity generator requirements	265a.1	265.201	H048
	X						
	X			SQG TANKS			
	X			Waste contents compatible with tank	265a.1	265.201(b)(2)	H051
	X			Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a.1	265.201(b)(3)	H052
	X			If continuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H053
	X			Daily tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H054
	X			Weekly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H055
	X			All waste removed at closure	265a.1	265.201(d)	H056
	X			Special requirements for ignitable or reactive waste complied with	265a.1	265.201(e)(1)	H057
	X			Covered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H058
	X			Incompatible waste requirements met	265a.1	265.201(f)	H059

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name N. Jonas ID Number PAD000503706 Date 3/8/2006

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
				Containment Buildings (Subchapter T)			
X							
X				Building completely enclosed to prevent exposure to the elements	265a.1	265.1101(a)(1)	H061
X				Meets special requirements if liquids present	265a.1	265.1101(b)	H062
X				Primary barrier free of significant gaps, cracks and deterioration	265a.1	265.1101(c)(1) (i)	H063
X				Level of hazardous waste within unit is below containment walls	265a.1	265.1101(c)(1) (ii)	H064
X				Tracking of waste out of unit by equipment or personnel prevented	265a.1	265.1101(c)(1) (iii)	H065
X				No visible dust emissions at doors, windows, vents, etc.	265a.1	265.1101(c)(1) (iv)	H066
X				Professional engineer's certification placed in operating record	265a.1	265.1101(c)(2)	H067
X				Required inspections performed and logged in operating record	265a.1	265.1101(c)(4)	H068
				Drip Pads (Subchapter S)			
	X			Engineer's certification of existing drip pads on file	265a.1	265.441(a)	H069
	X			Drip pad meets 265.443 design & operating standards	265a.1	265.443	H070
	X			(a) nonearthen, sloped construction with berm to channel associated drippage to collection system	265a.1	265.443(a)	H071
	X			(b) Has synthetic liner below the pad with properly constructed leak detection system	265a.1	265.443(b)	H072
	X			Drip pads & collection system maintained to prevent deterioration	265a.1	265.443(c)	H073
	X			Drip pads & collection systems designed to prevent run-off	265a.1	265.443(d)	H074
	X			Run-on/run-off control system maintained unless pad protected by a structure	265a.1	265.443(e)	H075
	X			Release reporting requirements met	265a.1	265.443(m)	H076
	X			Drip pads inspected weekly and after storms when in operation	265a.1	265.444(b)	H077

Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling & Waste Management

Inspection Report CommentsDate of Inspection March 8, 2006 Identification Number PAR000503706Company/Facility/Site N. Jonas and Co. Inc.

A follow-up inspection of N. Jonas & Co. Inc. was conducted on March 8, 2006 by DEP inspectors Laura Johnson and Alex Page with Walter Bair in attendance. The facility guide was John Stafford, Production Manager at N. Jonas & Co. Inc. The following observations were noted:

1. The weekly inspection log is now being kept in accordance with Title 25 Pa. Code Section 265a.1, and Title 40 Code of Federal Regulations Section 265.174.
2. Containers of hazardous waste are now being correctly labeled to identify contents in accordance with SWMA Section 6018.403(b)(2).
3. Containers of hazardous waste are now correctly being marked with an accumulation start date in accordance with Title 25 Pa. Code Section 626a.10 and Title 40 Code of Federal Regulations Section 262.34(a)(2).

All violations have been corrected and no further action needs to be taken.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature)  Date 3/9/06

RECEIVED
DEP-SERO
ECR/WASTE MCNT.

2/16/06

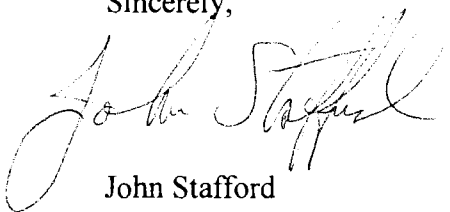
2006 FEB 21 PM 2:47

Dear Ms. Johnson:

In response to your notice of violations from your recent inspection, I am enclosing a copy of our weekly inspection log as well as the manifests from the most recent shipment. The log is being kept by Mr. Romero and I informed him that it must be accessible even if he is not on the premises. With regards to the accumulation start date not being on the container, I incorrectly informed Mr. Romero that the date was to be put on the label when the drum was sealed. This has been corrected and will be done properly in the future.

I believe the violations noted have now been corrected and you have my assurance that I will work diligently to stay in compliance with DEP regulations.

Sincerely,

A handwritten signature in cursive script, appearing to read "John Stafford".

John Stafford
Production Manager
N. Jonas & Co. Inc.

OFFICIAL PENNSYLVANIA MANIFEST FORM

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 7		Information within the bold red border is not required by Federal law but may be required by State law.		
3. Generator's Name and Mailing Address NE JOLLA CO. 1001 ALBANY STREET EL PASO, TX 79901						A. State Manifest Document Number PAH 226151				
4. Generator's Phone () 817-744-1111						B. State Gen. ID 1534				
5. Transporter 1 Company Name EASTMAN KODAK COMPANY						C. State Trans. ID PA-AH 3537				
6. US EPA ID Number 12-0000000-0000-0000-0000-0000						D. Transporter's Phone () 817-744-1111				
7. Transporter 2 Company Name KODAK USA INC.						E. State Trans. ID PA-AH				
8. US EPA ID Number 12-0000000-0000-0000-0000-0000						F. Transporter's Phone () 817-744-1111				
9. Designated Facility Name and Site Address WHEELABRATOR, INC. 1000 N. GARDEN STREET MILWAUKEE, WI 53210						G. State Facility's ID 12-0000000-0000-0000-0000-0000				
10. US EPA ID Number 12-0000000-0000-0000-0000-0000						H. Facility's Phone () 414-384-1300				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HM						12. Containers No. Type		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a.	1. SOLID WASTE (HAZARDOUS SOLID, AQUEOUS), MIXED, UNIDENTIFIED DANGEROUS SUBSTANCE, CORROSIVE TO METALS, (POISON), (S.A.) LQTL.					12	drum	260 757	g	unrec.
b.	2. SOLID WASTE (HAZARDOUS SOLID, AQUEOUS), UNIDENTIFIED DANGEROUS SUBSTANCE, CORROSIVE TO METALS, (POISON), (S.A.) LQTL.					52	g	260	g	unrec.
c.										
d.										
J. Additional Descriptions for Materials Listed Above 1. SOLID WASTE (HAZARDOUS SOLID, AQUEOUS), UNIDENTIFIED DANGEROUS SUBSTANCE, CORROSIVE TO METALS, (POISON), (S.A.) LQTL. 2. SOLID WASTE (HAZARDOUS SOLID, AQUEOUS), UNIDENTIFIED DANGEROUS SUBSTANCE, CORROSIVE TO METALS, (POISON), (S.A.) LQTL.						K. Handling Codes for Wastes Listed Above a. b. c. d.				
15. Special Handling Instructions and Additional Information ALL WASTE MUST BE KEPT FROM CHILDREN AND HANDLED BY PERSONNEL ONLY. CALLING MUST BE DONE BY PERSONNEL ONLY. WASTE IS NOT TO BE RECYCLED OR USED IN ANY MANNER.										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name						Signature MONTH DAY YEAR				
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature MONTH DAY YEAR				
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name						Signature MONTH DAY YEAR				
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Signature MONTH DAY YEAR										

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UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest
Document No.2. Page 1
ofInformation within the bold red border is
not required by Federal law but may be
required by State law.

3. Generator's Name and Mailing Address

4. Generator's Phone ()

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

10. US EPA ID Number

A. State Manifest Document Number

PAH 221250

B. State Gen. ID

C. State Trans. ID

PA-AH 0537

D. Transporter's Phone ()

E. State Trans. ID

PA-AH

F. Transporter's Phone ()

G. State Facility's ID

H. Facility's Phone ()

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HM

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol

I. Waste No.

a. 1. WASTE OF THIS DESCRIPTION IS CLASSIFIED AS HAZARDOUS WASTE, UNLESS OTHERWISE SPECIFIED BY THE DOT HAZARDOUS MATERIALS TABLE.

b. ENVIRONMENTALLY HAZARDOUS WASTE, SOLID, 4.0 LBS PER GALLON, DOT HAZARDOUS MATERIALS TABLE.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

c.

b.

d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

MONTH DAY YEAR

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

MONTH DAY YEAR

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

MONTH DAY YEAR

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

Signature

MONTH DAY YEAR

GENERATOR

TRANSPORTER

FACILITY

PAH

221250



HAZARDOUS WASTE INSPECTION SHEET

Product	Drum Leaking	Drum Deter.	Inspected By	Date
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	11-4-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	11-11-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	11-18-05
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	11-18-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	11-25-05
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	11-25-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	12-2-05
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	12-2-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	12-9-05
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	12-9-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	12-16-05
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	12-16-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	12-22-05
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	12-22-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	12-29-05
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	12-29-05
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	1-4-06
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	1-4-06
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	1-12-06
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	1-12-06
BROMINE	NO	NO	ROMERO	1-12-06
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	1-24-06
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	1-24-06
BROMINE	NO	NO	ROMERO	1-24-06
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	2-2-06
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	2-2-06
BROMINE	NO	NO	ROMERO	2-2-06
Trichloroisocyanuric Acid - NO	NO	NO	ROMERO	2-8-06
Sodium Monopersulfate (silver) - NO	NO	NO	ROMERO	2-8-06
BROMINE	NO	NO	ROMERO	2-8-06



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 3/21/2005
Time Start 10:30 AM
Time Finish 12:10 PM

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR ☐ S Q GENERATOR

Company name N. JONAS AND CO., INC. I.D. Number PAR 000503706
Site Address 1301 ADAMS ROAD
County BUCKS Municipality BENSALEM TWP. Zip 19020
Name of Inspector ALEX PAGE
Name & Title of Responsible Official JOHN STAFFORD - PRODUCTION FOREMAN
Person Interviewed JOHN STAFFORD Telephone (215) 639-5280
Mailing Address (if different from above) SAME
Amount of Hazardous Waste Generated per Month: 700 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____

PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name UNIVAR USA INC. License Number PA AH 0334

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>0002</u>	<u>WASTE CORROSIVE LIQUID</u>	<u>POLLUTION CONTROL IND.</u>
		<u>4343 KENNEDY AVE.</u>
		<u>EAST CHICAGO, IND.</u>
		<u>46312</u>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name N. JONAS ID Number PAR 000503706 Date 3/21/2005

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PPC plan developed and implemented	262a.10	262.34(a)	H018
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements followed for international shipments	262a.10	262.50 262.60	H019
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excluded waste complies with exclusionary requirements	261a.4	261.4	H021
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS – SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name N. JONAS ID Number PAR 000 503 706 Date 3/21/2005

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name N. JONAS ID Number PA0000563706 Date 3/21/2005

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
				LQG TANKS (Subchapter J)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H040
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written certification by registered professional engineer for proper tank (system) design and installation on file	262a.10	265.192(a)	H041
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary containment provided for tanks (systems) as required	265a.193	265.193	H042
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a.1	265.194	H043
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tanks labeled to accurately identify contents	265a.194		H044
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required inspections completed and documented in operating log	265a.195	265.195	H045
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Release reported to Department within 24 hours, unless exempted	265a.1	265.196	H046
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable and reactive wastes followed	265a.1	265.198	H047
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special small quantity generator requirements	265a.1	265.201	H048
				SQG TANKS			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waste contents compatible with tank	265a.1	265.201(b)(2)	H051
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a.1	265.201(b)(3)	H052
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If continuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H053
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H054
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weekly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H055
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All waste removed at closure	265a.1	265.201(d)	H056
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive waste complied with	265a.1	265.201(e)(1)	H057
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H058
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incompatible waste requirements met	265a.1	265.201(f)	H059

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 3/21/2005 Identification Number PAR000503706Company/Facility/Site Name N. JONAS + CO., INC.

INSPECTION CONDUCTED BY ALEX PAGE. JOHN STAFFORD,
PRODUCTION FOREMAN, WAS THE FACILITY GUIDE.
N. JONAS + CO., INC. PURCHASES POOL CHEMICALS IN
BULK QUANTITIES AND RE-PACKAGES THESE MATERIALS
IN SMALLER QUANTITIES. N. JONAS AND CO., INC EMPLOYS
ABOUT 50 PEOPLE WHO WORK ONE SHIFT.

THE HAZARDOUS WASTE STORAGE AREA APPEARED
CLEAN. DRUMS OF HAZARDOUS WASTE WERE LABELLED.
MANIFESTS, PPC PLAN, AND WEEKLY HAZARDOUS
WASTE STORAGE LOG WERE AVAILABLE AND APPEARED
UP TO DATE.

A COPY OF A TYPICAL MANIFEST IS INCLUDED
WITH THIS REPORT.

NO VIOLATIONS OBSERVED

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) 

Date _____

Inspector (signature) _____



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 4/27/2004
Time Start 1:15 PM
Time Finish 2:45 PM

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR ☐ S Q GENERATOR

Company name N. JONAS AND CO., INC. I.D. Number PAR 000503706
Site Address 1301 ADAMS ROAD
County BUCKS Municipality BENSALEM TWP. Zip 19020
Name of Inspector ALEX PAGE
Name & Title of Responsible Official JOHN STAFFORD - PRODUCTION FOREMAN
Person Interviewed JOHN STAFFORD Telephone (215) 639-5280
Mailing Address (if different from above) SAME
Amount of Hazardous Waste Generated per Month: 700 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____

PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____

GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name UNIVAR USA License Number PA AH0334

Transporter Name S.J. TRANSP. License Number PA AH0015

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>D001</u>	<u>WASTE OXIDIZING SOLID</u>	<u>CLEAN HARBORS</u>
		<u>1910 RUSSELL ST.</u>
		<u>BALTIMORE MD</u>
		<u>21230</u>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name N. JONAS ID Number PAR000503706 Date 4/27/2004

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name N. JONAS ID Number PAR000503706 Date 4/27/2004
1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name N. JONAS ID Number PAR 000503106 Date 4/27/2004

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
	X			LQG TANKS (Subchapter J)			
	↓			Tanks labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H040
	↓			Written certification by registered professional engineer for proper tank (system) design and installation on file	262a.10	265.192(a)	H041
				Secondary containment provided for tanks (systems) as required	265a.193	265.193	H042
				Tanks (systems) managed to prevent rupture, leak, corrode or fail	265a.1	265.194	H043
				Tanks labeled to accurately identify contents	265a.194		H044
				Required inspections completed and documented in operating log	265a.195	265.195	H045
				Release reported to Department within 24 hours, unless exempted	265a.1	265.196	H046
				Special requirements for ignitable and reactive wastes followed	265a.1	265.198	H047
				Special small quantity generator requirements	265a.1	265.201	H048
	X			SQG TANKS			
	↓			Waste contents compatible with tank	265a.1	265.201(b)(2)	H051
	↓			Uncovered tanks operated with 2 feet of freeboard or equivalent containment capacity	265a.1	265.201(b)(3)	H052
				If continuously fed, tank has method to stop inflow	265a.1	265.201(b)(4)	H053
				Daily tank inspection requirements complied with	265a.1	265.201(c)(1-3)	H054
				Weekly tank inspection requirements complied with	265a.1	265.201(c)(4,5)	H055
				All waste removed at closure	265a.1	265.201(d)	H056
				Special requirements for ignitable or reactive waste complied with	265a.1	265.201(e)(1)	H057
				Covered tank buffer zone requirements complied with	265a.1	265.201(e)(2)	H058
				Incompatible waste requirements met	265a.1	265.201(f)	H059

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name N. JONAS ID Number PAR000503706 Date 4/27/2004
 1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA CODE	FED CIT. 40 CFR	LINE NO.
	X			Containment Buildings (Subchapter T)			
	↓			Building completely enclosed to prevent exposure to the elements	265a.1	265.1101(a)(1)	H061
				Meets special requirements if liquids present	265a.1	265.1101(b)	H062
				Primary barrier free of significant gaps, cracks and deterioration	265a.1	265.1101(c)(1)(i)	H063
				Level of hazardous waste within unit is below containment walls	265a.1	265.1101(c)(1)(ii)	H064
				Tracking of waste out of unit by equipment or personnel prevented	265a.1	265.1101(c)(1)(iii)	H065
				No visible dust emissions at doors, windows, vents, etc.	265a.1	265.1101(c)(1)(iv)	H066
				Professional engineer's certification placed in operating record	265a.1	265.1101(c)(2)	H067
				Required inspections performed and logged in operating record	265a.1	265.1101(c)(4)	H068
	X			Drip Pads (Subchapter S)			
	↓			Engineer's certification of existing drip pads on file	265a.1	265.441(a)	H069
				Drip pad meets 265.443 design & operating standards	265a.1	265.443	H070
				(a) nonearthen, sloped construction with berm to channel associated drippage to collection system	265a.1	265.443(a)	H071
				(b) Has synthetic liner below the pad with properly constructed leak detection system	265a.1	265.443(b)	H072
				Drip pads & collection system maintained to prevent deterioration	265a.1	265.443(c)	H073
				Drip pads & collection systems designed to prevent run-off	265a.1	265.443(d)	H074
				Run-on/run-off control system maintained unless pad protected by a structure	265a.1	265.443(e)	H075
				Release reporting requirements met	265a.1	265.443(m)	H076
				Drip pads inspected weekly and after storms when in operation	265a.1	265.444(b)	H077

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 4/27/2004 Identification Number PAR 000503706Company/Facility/Site Name N. JONAS & CO., INC.

INSPECTION CONDUCTED BY ALEX PAGE. JOHN STAFFORD, PRODUCTION FOREMAN, WAS THE FACILITY GUIDE. N. JONAS BUYS POOL CHEMICALS IN BULK QUANTITIES AND RE-PACKAGES THE MATERIALS IN SMALLER QUANTITIES. N. JONAS EMPLOYS ABOUT 40 PEOPLE WHO WORK 1 SHIFT.

THE HAZARDOUS WASTE STORAGE AREA APPEARED CLEAN. NO HAZARDOUS WASTE WAS PRESENT. CONSTRUCTION WORKERS WERE INSTALLING A NEW STRUCTURAL STEEL ROOF AT THE TIME OF INSPECTION. MANIFESTS, PPC PLAN, AND WEEKLY HAZ. WASTE STORAGE LOG WERE AVAILABLE AND APPEARED PROPERLY COMPLETED AND UP TO DATE.

A COPY OF A TYPICAL MANIFEST IS INCLUDED WITH THIS REPORT.

NO VIOLATIONS OBSERVED.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) John StaffordDate 4/27/04Inspector (signature) Alex Page

ORDER # 273018

W JONAS CO.
1301 ADAMS ROAD
BENSALEM, PA 190200425

1-800-523-6533

UNIVAR USA INC.

LACYS EXPRESS INC

VON ROLL AMERICA, INC.
1250 ST GEORGE STREET
E LIVERPOOL, OH 43920

EMERGENCY CONTACT: BOX 15

PA D O 8 6 2 1 4 5 7 4

NJD 046 555 033

PAH 086748

SAME

PA-AH 0334

215 428 9990

PA-AH 0243

800 522 9397

COND 8 0 6 1 3 5 4 1

COND 8 0 6 1 3 5 4 1

X RQ, WASTE OXIDIZING SOLID, N.O.S.
(TRICHLOROISOCYANURIC ACID)
5.1, UN1479, PG II, (RQ=100), (EPA D001),
(ERG 140)
X RQ, WASTE OXIDIZING SOLID, N.O.S.
(PERMETHYLCHLORO-5,5-DIMETHYLHYDANTOIN)
5.1, UN1479, PG II, (RQ=100), (EPA D001),
(ERG 140)
X RQ, WASTE OXIDIZING SOLID, N.O.S.
(TRICHLOROISOCYANURIC ACID)
5.1, UN1479, PG II (RQ=100)(ERP D001)(ERG 140)

0 0 4	D F	1600	P	D 0 0 1
0 0 4	D F	1600	P	D 0 0 1
0 0 2	D M	800	P	D 0 0 1

11a. NJBP320 (S,I) FLOOR SWEEPS W/ TRICHLOROISOCYANURIC
11b. NJBP320-322(S,I) HALOBROM T-30
11c. NJBP320 (S,I) FLOOR SWEEPS W/ TRICHLOROISOCYANURIC

Handling labels for wastes listed above

WEAR APPROPRIATE PROTECTIVE GEAR WHEN HANDLING.

EMERGENCY CONTACT: CHEMTREC: 1-800-424-9300. CALLER MUST IDENTIFY UNIVAR USA AS SHIPPER.

PLACARDS PROVIDED BY CARRIER/SHIPPER YES/NO DRIVER SIGNATURE

T 56857

PAH

CERTIFICATION. I hereby declare that the contents of this consignment are fully and accurately described above by owner, shipping name or consignor, and are in proper condition for transport by highway according to applicable international and national regulations and that I have a program in place to reduce the volume and toxicity of waste generated. I have selected the most appropriate method of treatment, storage, or disposal currently available to me which minimizes the present and future hazard to the environment. I have made a good faith effort to minimize my waste generation and select the best waste management option available.

Signature: Steve Herold	02 03 07
Signature: Paul C Sweeney	02 03 04
Signature: JOSEPH D. ATHEY, JR.	02 05 04

Jim May

Jim May

02 10 04

3

eF.A.C.T.S. (Role : ENF) Date:04/28/2004 - [Inspections Details Screen]

File Edit Application Client Site Facility Compliance Fee Collection Bonding Views Reports Admin Complaints Window Help

Inspection Id 1331246 Insp Type CEI Compliance Evaluation Date Inspected 04/27/2004

Inspected Entity

Cat Site Entry 553668 N JONAS & 553668

Type Kind Status ACTIV Active

Micro SF Sub Fac

SF Status

General Insp SF Viol Rel Insp Comp Asst Cover Area Admin PF Summary

Owner/Operator

Complaint Id Inspected 446831 PAGE, ALEX More

Due Date Inspection Result NOVI0 No Violations Noted

Date Scheduled Scheduled By

Agency DEP PA Dept of Environmental Prote External Joint Insp Ver Inc Collection Cont

Program WMHW CS Code 4100 SE REGIONAL OFFICE NORRISTO External Details

PF Related Info

County Municipality

Create ENF Back Go To